

PD5000078662

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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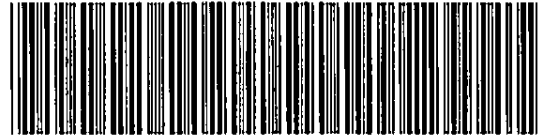
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ACE CONSTRUCTION SOLUTIONS, INC.  
Name of Corporation

DOCUMENT NUMBER: P05000078 662

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Franco Stracuzzi  
Name of Contact Person  
Ace Construction Solutions Inc.  
Firm/Company  
2150 NW Martin Luther King Ave  
Address  
Ocala FL 34475  
City/State and Zip Code  
f.stracuzzi@aceconstructionolutions.com  
E-mail address: (to be used for future annual report notification)

2011 AUG 17 AM 9:19  
DIVISION OF CORPORATIONS  
(same as before)

For further information concerning this matter, please call:

Franco Stracuzzi at (352) 572-0938  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

ck # 17433

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ace Construction Solutions, Inc.  
2. The principal office address: 2150 NW Martin Luther King Jr Ave  
Ocala FL 34475  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/1/2005 Document number: P05000078662

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Franco Stracuzzi  
2001 SE 10<sup>th</sup> Ct  
Ocala FL 34471

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2150 NW Martin Luther King Jr Ave  
P.O. Box NOT acceptable  
Ocala FLORIDA 34475

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Franco Stracuzzi - President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

8/10/2017  
Date

If signing on behalf of an entity:

Franco Stracuzzi  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*